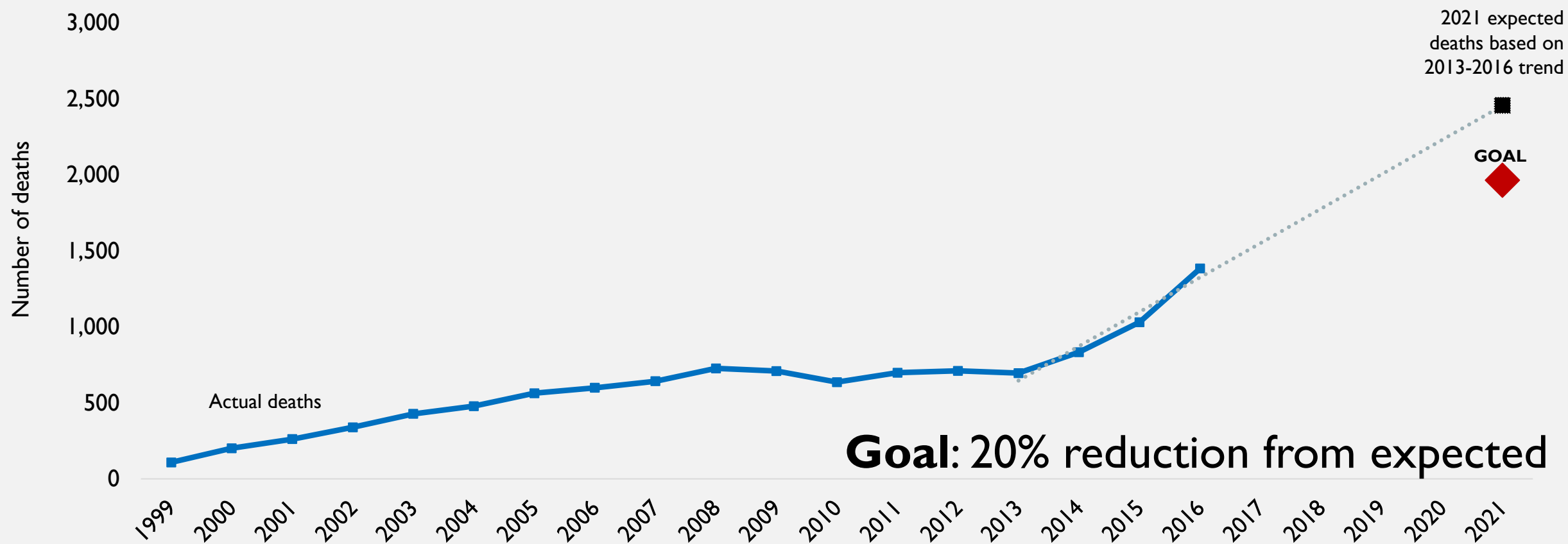


METRICS FOR NC'S OPIOID ACTION PLAN

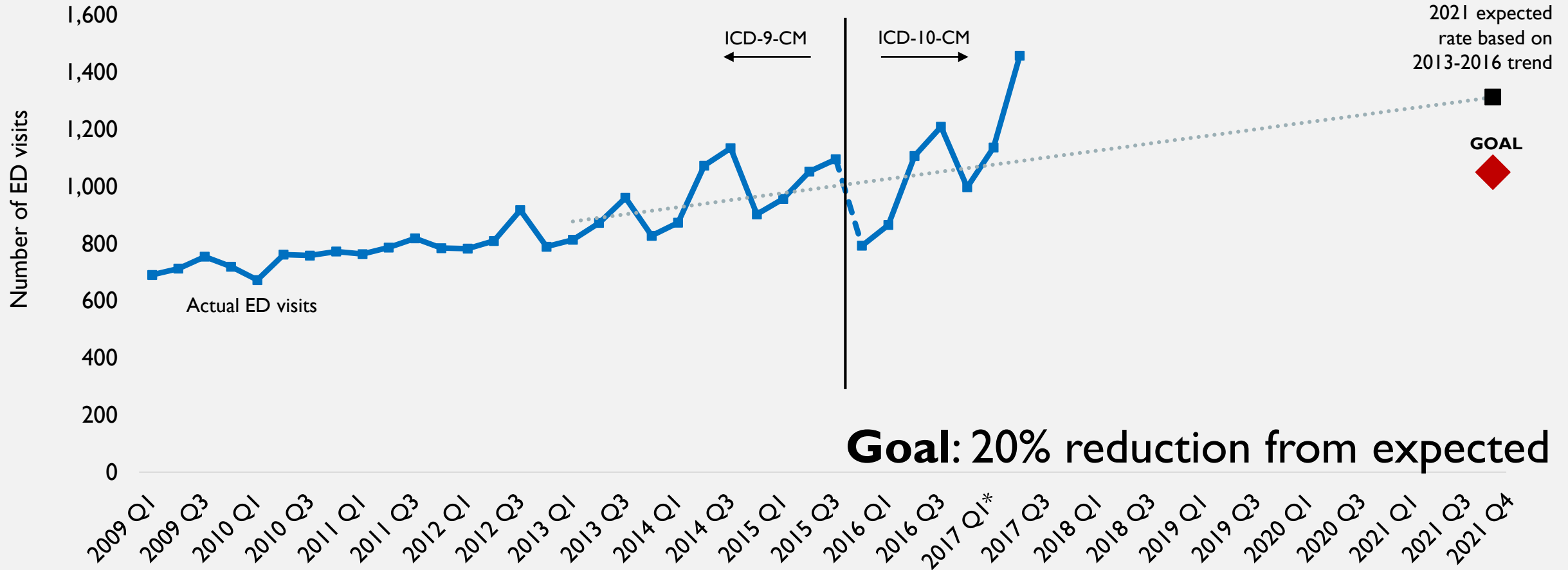
Metrics	Baseline Data	2021 Trend/Goal
OVERALL		
Number of unintentional opioid-related deaths to NC Residents (ICD10)	1,384 (2016)	20% reduction in expected 2021 number
Number of ED visits that received an opioid overdose diagnosis (all intents)	4,182 (2016)	20% reduction in expected 2021 number
Reduce oversupply of prescription opioids		
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six-month period), per 100,000 residents	34.3 per 100,000 residents (2016)	Decreasing trend
Total number of opioid pills dispensed	675,315,375 (2016)	Decreasing trend
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics, per quarter	6.7% (Q4 2016)	Decreasing trend
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day, per quarter	20.6% (Q4 2016)	Decreasing trend
Reduce Diversion/Flow of Illicit Drugs		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.4% (2016)	-----
Number of acute Hepatitis C cases	185 (2016)	Decreasing trend
Increase Access to Naloxone		
Number of EMS naloxone administrations	13,103 (2016)	-----
Number of community naloxone reversals	3,684 (2016)	Increasing trend
Treatment and Recovery		
Number of buprenorphine prescriptions dispensed	478,403 (2016)	Increasing trend
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs, per quarter	15,187 (Q4 2016)	Increasing trend
Number of certified peer support specialists (CPSS) across NC	2,352 (2016)	Increasing trend

NUMBER OF UNINTENTIONAL OPIOID-RELATED DEATHS TO NC RESIDENTS



Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring out of state, 1999-2016
Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.
Detailed technical notes on all metrics available from NC DHHS; Updated September 2017

NUMBER OF OPIOID OVERDOSE ED VISITS



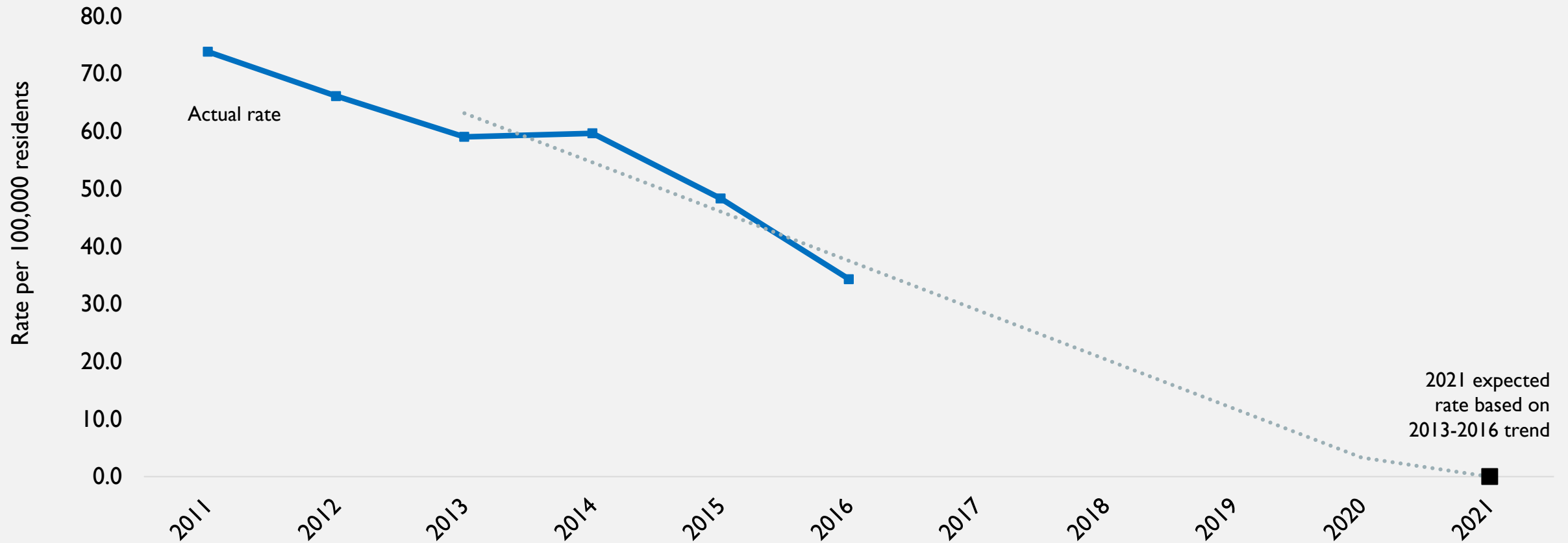
*2017 data are preliminary and subject to change

Source: NC Division of Public Health, Epidemiology Section, NC DETECT, 2009-2017 Q2

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

AVERAGE RATE OF MULTIPLE PROVIDER EPISODES FOR PRESCRIPTION OPIOIDS (TIMES PATIENTS RECEIVED OPIOIDS FROM ≥ 5 PRESCRIBERS DISPENSED AT ≥ 5 PHARMACIES IN A SIX-MONTH PERIOD), PER 100,000 RESIDENTS

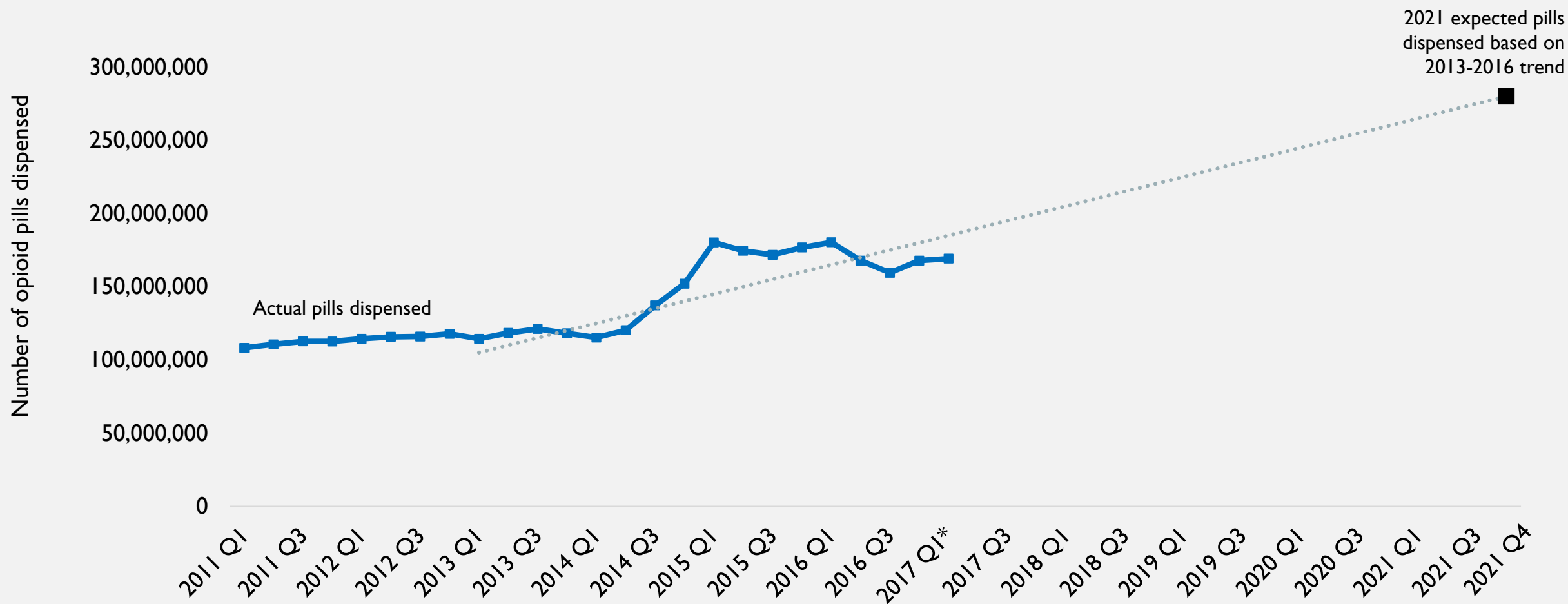


Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2016

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated September 2017

TOTAL NUMBER OF OPIOID PILLS DISPENSED



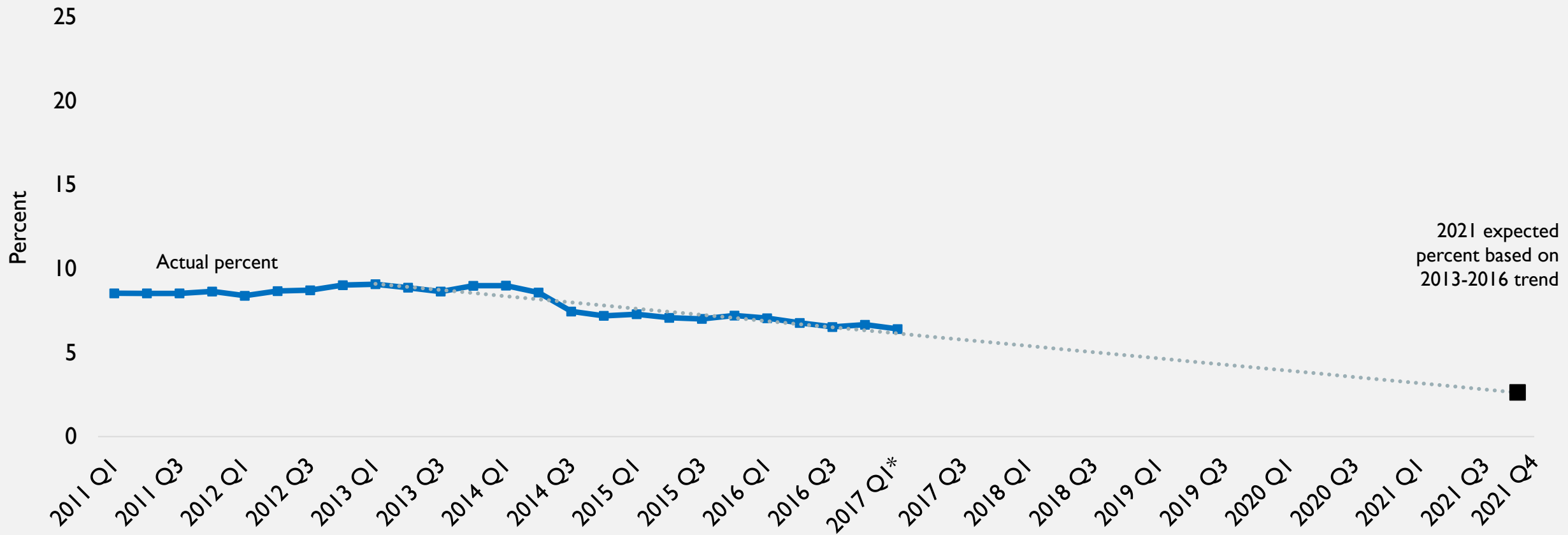
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

PERCENT OF PATIENTS RECEIVING MORE THAN AN AVERAGE DAILY DOSE OF >90 MME OF OPIOID ANALGESICS, PER QUARTER



*2017 data are preliminary and subject to change

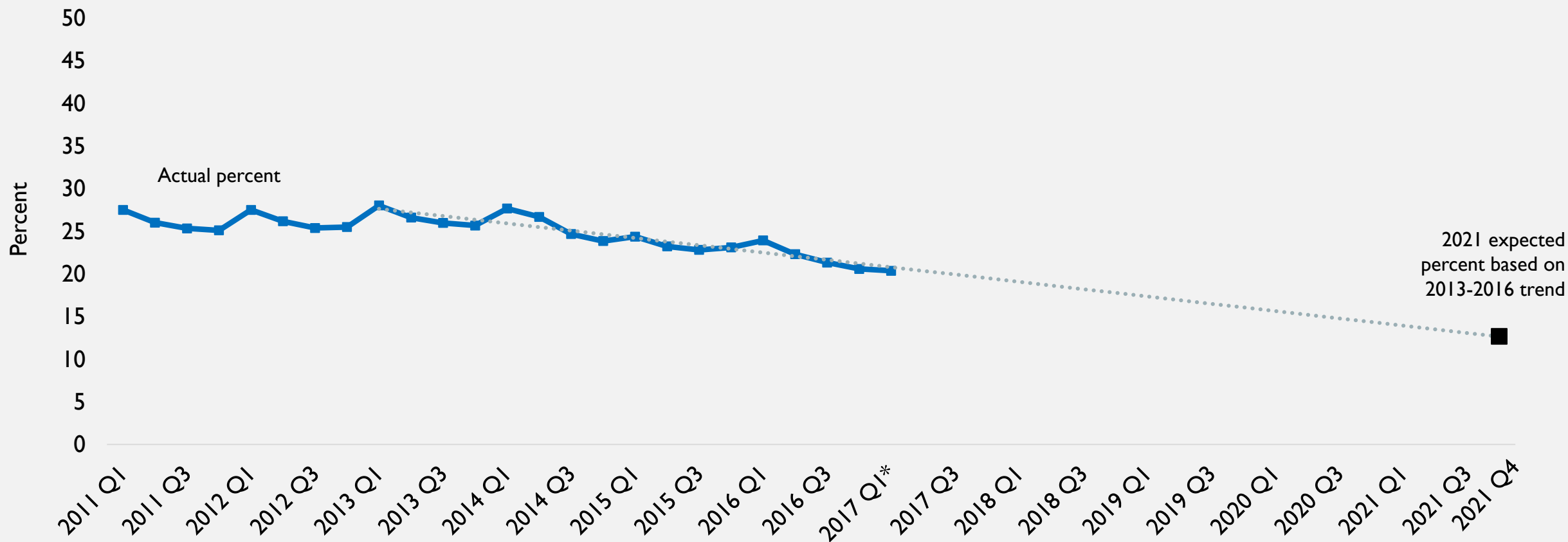
**This update excludes patients receiving Buprenorphine and Methadone; the June 2017 Version 1 metric did not make these exclusions

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011 - 2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated September 2017

PERCENT OF PRESCRIPTION DAYS ANY PATIENT HAD AT LEAST ONE OPIOID AND AT LEAST ONE BENZODIAZEPINE PRESCRIPTION ON THE SAME DAY, PER QUARTER



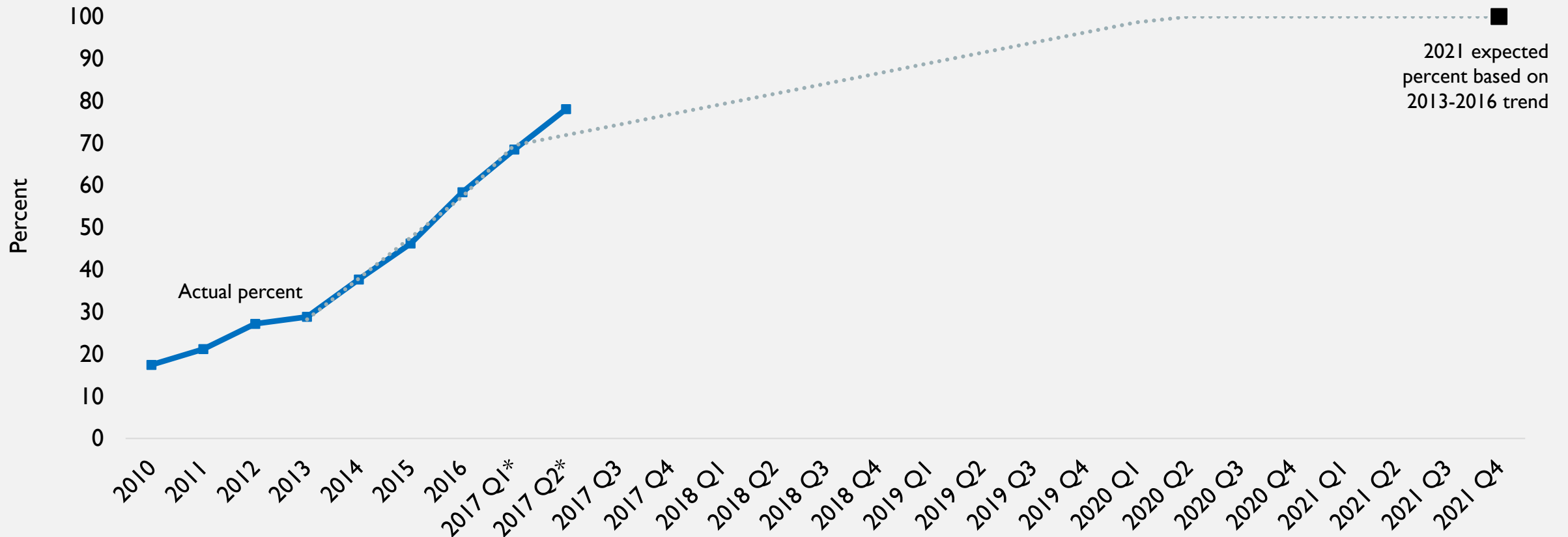
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011 - 2017 Q1

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Detailed technical notes on all metrics available from NC DHHS; Updated September 2017

PERCENT OF OPIOID DEATHS INVOLVING HEROIN OR FENTANYL/FENTANYL ANALOGUES



*2017 data are preliminary and subject to change

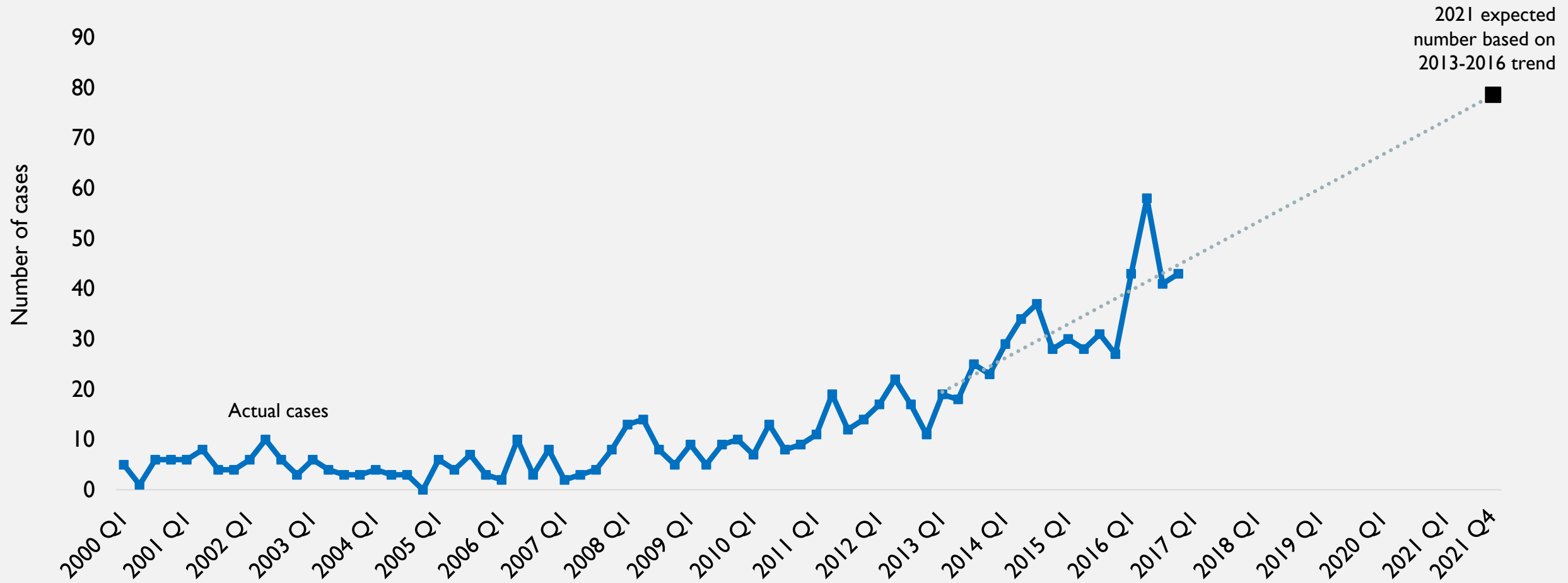
**Increasing numbers of deaths due to other classes of designer opioids are expected

Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q2

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

NUMBER OF ACUTE HEPATITIS C CASES

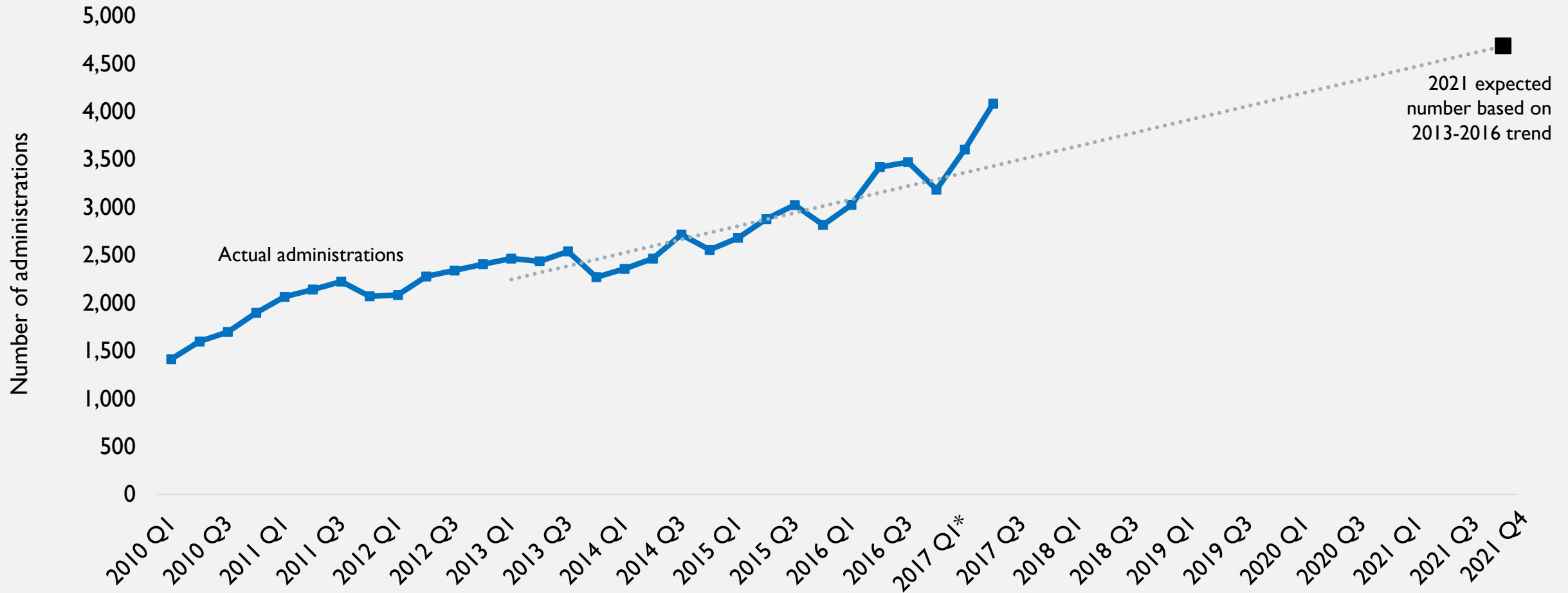


Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2000-2016

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

NUMBER OF EMS NALOXONE ADMINISTRATIONS



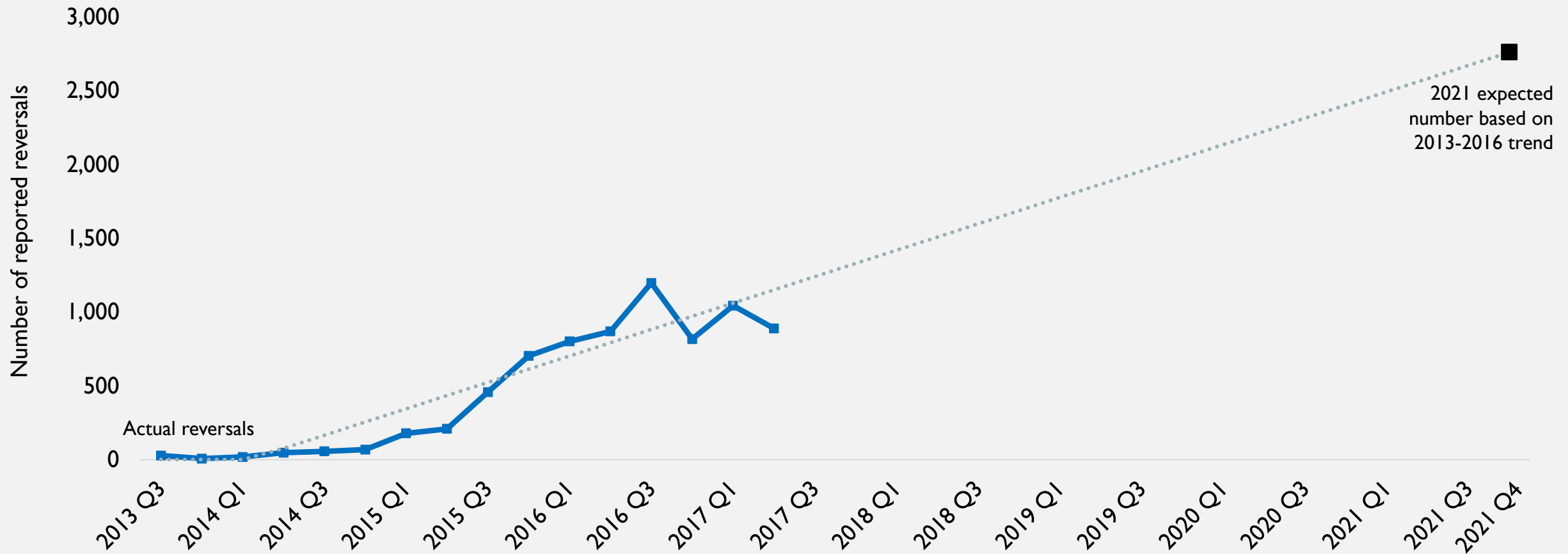
*2017 data are preliminary and subject to change

Source: NC Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2010-2017 Q2

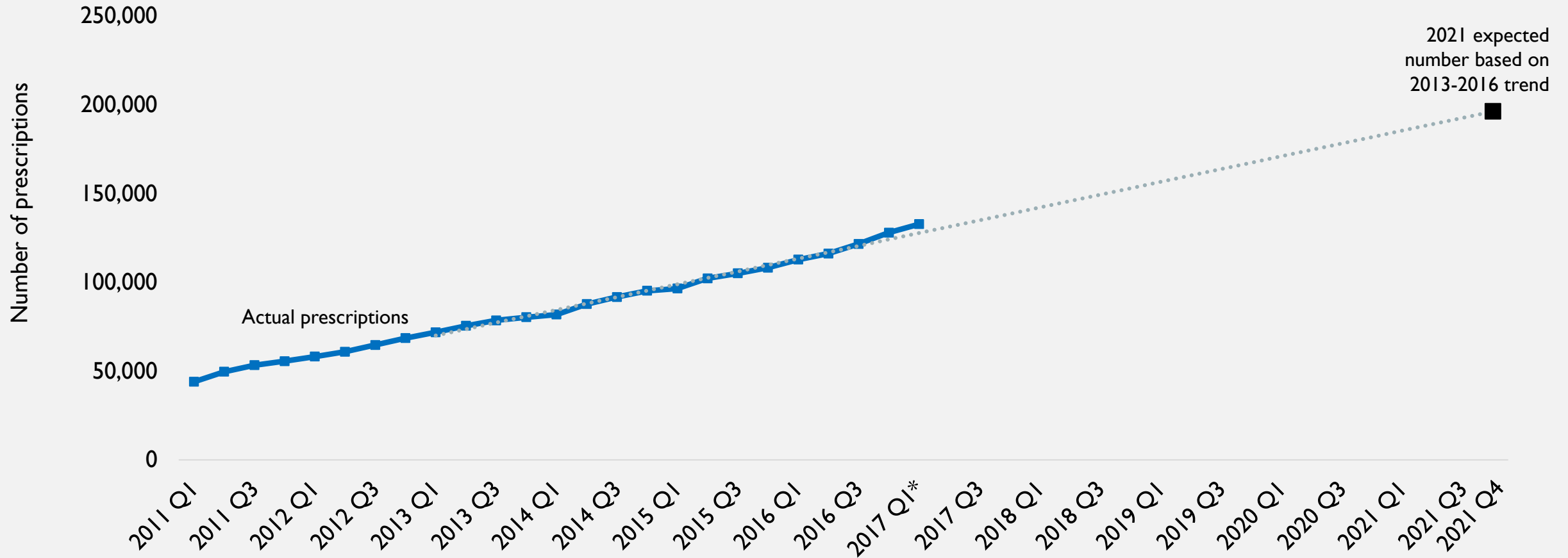
Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

NUMBER OF REPORTED COMMUNITY NALOXONE REVERSALS



NUMBER OF BUPRENORPHINE PRESCRIPTIONS DISPENSED



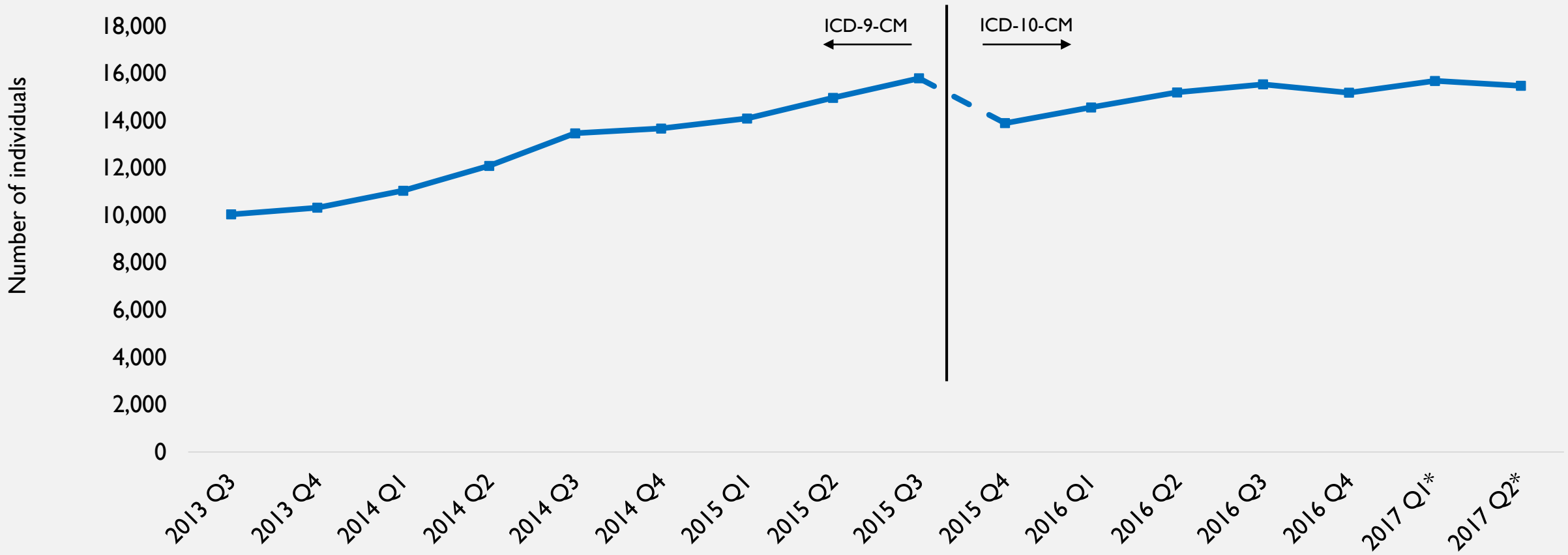
*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

NUMBER OF UNINSURED INDIVIDUALS AND MEDICAID BENEFICIARIES WITH AN OPIOID USE DISORDER SERVED BY TREATMENT PROGRAMS, PER QUARTER



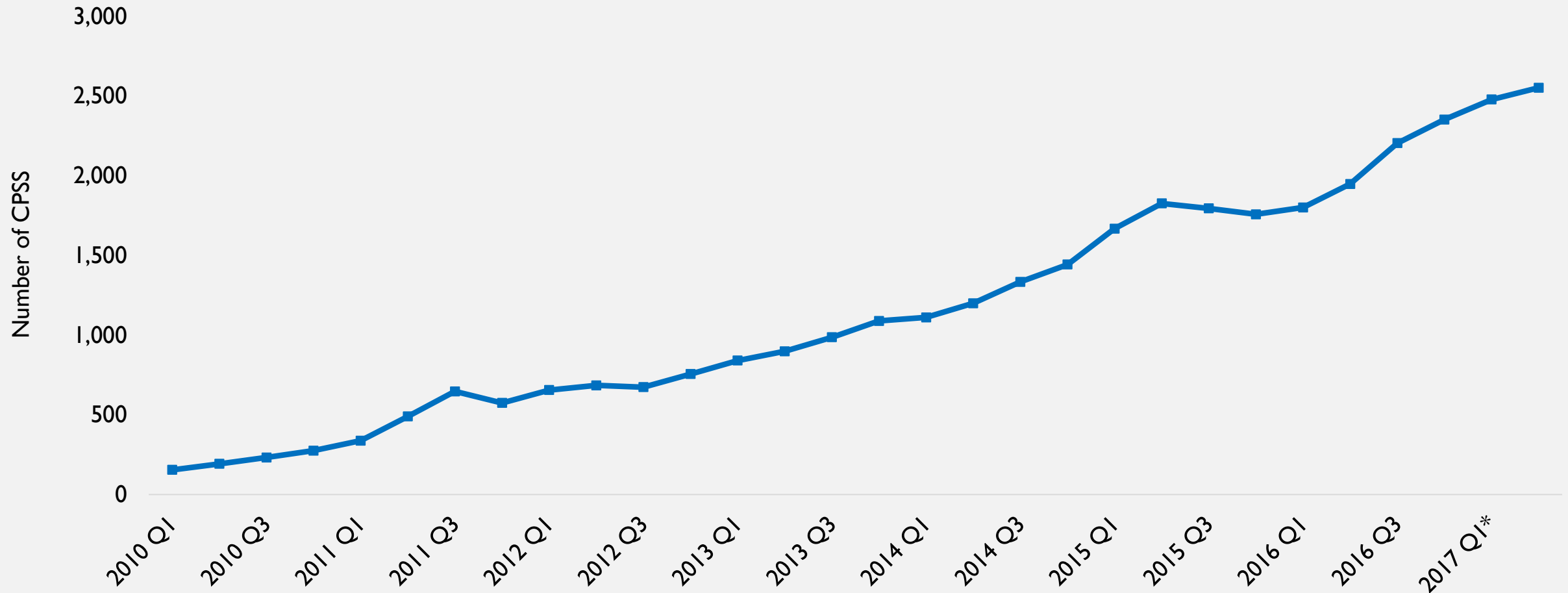
*2017 data are preliminary and subject to change

**This update includes a broader set of claims data than the June 2017, Version 1 metric

Source: NC Division of Mental Health, Claims Data, 2013 Q3- 2017 Q2

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017

NUMBER OF CERTIFIED PEER SUPPORT SPECIALISTS (CPSS) ACROSS NC



*2017 data are preliminary and subject to change

Source: UNC-Chapel Hill, School of Social Work, Behavioral Health Springboard, 2010-2017 Q2

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated September 2017